



PERU HEALTHY KITCHEN/HEALTHY STOVE PILOT PROJECT



ANNEX V – Household Cooking Practices and Perceptions Survey

ANNEX V. Household Cooking Practices and Perceptions Survey

Survey questionnaire used in the pollutant sampling campaigns in households in the Inkahuasi district of Peru.

Source: Survey on household energy practices indoor air pollution & health in the Philippines. 1st version. August 2004

F	INTERVIEWER'S REMARKS: HOUSE AND KITCHEN CHARACTERISTICS The information will be obtained from the interviewer first or after the interviews in the homes.
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INTERVIEWER:
FAMILY INTERVIEWED:
ID:
DATE:

F.1	Type of house. <i>Please enter the codes in the spaces provided for the roof, walls and floor. Where appropriate, specify "Other" categories in the box.</i>		
		ROOF	STRAW 1 WOOD 2 GROOVED STEEL SHEETS 3 BRICKS 4 ROCKS 5
		WALLS	ADOBE 6 SOIL 7 LLUVISOL 8 MUD 9
		FLOOR	STICKS 10 CEMENT 11 CALAMINE 12 OTHER 99 (SPECIFY)

F.2	Location of the house. <i>Mark only ONE answer</i>		
	ON LAND	1	
	ON STILTS	2	

F.3	Location of the kitchen/cooking area. <i>Mark only ONE answer</i>		
	IN A ROOM USED FOR LIVING OR SLEEPING (WITH A PARTITION)	1	
	IN A ROOM USED FOR LIVING OR SLEEPING (WITH NO PARTITION)	2	
	IN A SEPARATE ROOM USED AS THE KITCHEN	3	
	IN A SEPARATE BUILDING USED AS THE KITCHEN	4	
	OUTDOORS (WITH ONE OR TWO PROVISIONAL WALLS AND A ROOF)	5	
	OUTDOORS (OPEN-AIR, NO STRUCTURAL SUPPORT)	6	
	SECOND STORY	7	
	OTHER (SPECIFY)	99	

F.4	Dimensions of the kitchen/cooking area. Mark only ONE answer. Refer to the instructions manual to measure the dimensions with the measurement instrument provided.		
	<input type="text"/> LENGTH (A)	< 1 M	1
		> 1 M – 2 M	2
	<input type="text"/> WIDTH (B)	> 2 M – 3 M	3
		> 3 M	4
	<input type="text"/> HEIGHT (C)	(Specify the appropriate dimensions)	
	<input type="text"/> HEIGHT (D)		
F.5	Type of ventilation in the cooking area/kitchen roof. Mark only ONE answer		
	OPENINGS	1	
	CHIMNEY	2	
	EXHAUST	3	
	SLIT	4	
	OTHER	99	
	(SPECIFY)		
F.6	Permanent ventilation diameter. Record the proper codes in the appropriate spaces; to measure the dimensions with the provided measurement instrument, refer to the directions.		
	<input type="text"/> OPENING 1	NONE	1
		< 10 CM	2
	<input type="text"/> OPENING 2	> 10 CM	3
		OTHER	99
	<input type="text"/> OPENING 3	(SPECIFY IN THE BOX)	
	<input type="text"/> OTHER (SPECIFY)		
F.7	Depth of the eaves in the cooking area/kitchen. Mark only ONE answer. Refer to the instructions manual to measure the dimensions with the measurement instrument provided.		
	NONE	1	
	< 10 CM	2	
	> 10 CM	3	
	OTHER (SPECIFY)	99	
F.8	Location of the eaves. Mark only one answer. See the manual for further instructions.		
	AROUND THE ROOM	1	
	OUTSIDE THE WALLS	2	
	ALONG THE WALLS INSIDE THE HOUSE	3	
	ROOF	4	
	OVER THE KITCHEN	5	
	OVER THE DOOR OR WINDOW	6	
	OTHER (SPECIFY)	99	
F.9	How many windows are there in the kitchen/cooking area? Mark only ONE answer		
	NONE	0	
	ONE	1	
	TWO	2	
	THREE	3	
	FOUR	4	

	FIVE	5
	> FIVE (SPECIFY)	6

F.10	Window dimensions (width). <i>Properly record the codes in the appropriate spaces. Refer to the instructions manual to measure the dimensions with the measurement instrument provided.</i>		
	<input type="text"/> WINDOW 1	<input type="text"/> WINDOW 4	<input type="text"/> < 10 CM <input type="text"/> 10 – 20 CM <input type="text"/> 21 – 30 CM <input type="text"/> 31 – 59 CM <input type="text"/> > 60 CM <input type="text"/> (SPECIFY)
	<input type="text"/> WINDOW 2	<input type="text"/> WINDOW 5	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5
	<input type="text"/> WINDOW 3	<input type="text"/> WINDOW 6	
F.11	How is the window kept? <i>Mark only ONE answer</i>		
	PERMANENTLY CLOSED	1	
	CLOSED DURING COOKING	2	
	OPEN DURING COOKING	3	
	PERMANENTLY OPEN	4	

F.12	How many doors does the kitchen/cooking area have? <i>Mark only ONE answer</i>		
	ONE	1	
	TWO	2	
	THREE	3	
	FOUR	4	
	FIVE	5	

F.13	How is the door kept? <i>Mark only ONE answer</i>		
	PERMANENTLY CLOSED	1	
	CLOSED DURING COOKING	2	
	OPEN DURING COOKING	3	
	PERMANENTLY OPEN	4	

F.14	What kind of stove do you have? <i>Mark only ONE answer</i>		
	IMPROVED STOVE	1	
	THREE-STONE	2	
	OTHER	99	
	(SPECIFY)		

F.15	Layout of the cooking area/kitchen		
	<i>In the following space, please draw a sketch of the cooking area. The sketch should be simple and indicate the following:</i> <ul style="list-style-type: none"> - <i>Rooms, identifying the kitchen (if it's part of the main house)</i> - <i>Position of the fire/stove (with chimney if appropriate)</i> - <i>Position of the doors</i> - <i>Position of the windows</i> - <i>Position of the eaves</i> - <i>Position of other openings</i> 		

	Sketch:
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F.16	Do you have an additional stove?		
	YES	1	
	NO	2	

F.17	If YES, what kind of stove?		
	THREE-STONE	1	
	SOLAR	2	
	OTHER (SPECIFY)	99	

F.18	Do you use it?		
	YES	1	
	NO	2	

F.19	If YES, what for?		
	COOKING	1	
	LIGHTING	2	
	HEATING	3	
	OTHER (SPECIFY)	99	

F.20	How often?		
	ONCE PER DAY	1	
	ONCE PER WEEK	2	
	ONCE PER MONTH	3	
	ONCE PER YEAR	4	
	OTHER (SPECIFY)	99	

F.21	Do you cook now in the same room you cooked in 2006?		
	YES	1	
	NO	2	

F.22	Do you cook now in the same room you cooked in 2005?		
	YES	1	
	NO	2	

F.23	If you answered NO to either of these two questions, why did you move to a different area?		

F.24	Does the pot you use completely cover the stove burner?		
	YES	1	
	NO	2	

F.25	Are you happy with your improved stove?		
	YES	1	
	NO	2	

F.26	Why?		

F.27	Do you feel that the improved stove reduces the amount of smoke in your kitchen?		
	SI	1	
	NO	2	

F.28	Do you spend additional time in the kitchen doing things other than cooking?		
	YES	1	
	NO	2	

F.29	If YES, how long?			
	< 1 HOUR	1	>5 - 7 HOURS	4
	1 - 3 HOURS	2	>7 - 10 HOURS	5
	>3 - 5 HOURS	3	> 10 HOURS	6

F.30	If YES, what do you do during those times?		

F.31	Are you using less firewood when compared to your previous stove?		
	YES	1	
	NO	2	

F.32	If YES, how much less?			
	100% OF THE TOTAL FUEL	1		
	50% OF THE TOTAL FUEL	2		
	33% OF THE TOTAL FUEL	3		
	25% OF THE TOTAL FUEL	4		
	OTHER (SPECIFY)	99		

G	AIR POLLUTION DUE TO PARTICULATE MATTER AND CARBON MONOXIDE <i>This section of the survey should be completed by the field team handling the monitoring equipment. Data will be collected when the equipment is turned on, at filter change 12 hours later and at the end of the monitoring period.</i>
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Interviewer's name

Interviewee's ID

G1	TURNING ON THE EQUIPMENT	
	Stage	Data
	Homemaker ID	
	Date	/ / 200__
	<i>Equipment turned on</i>	
	Pump number	
	Cyclone number	
	Serial number of first cassette	
	Serial number of CO monitor used in the room	
	<i>Pump and cyclone location</i>	
	Enter the height of the cyclone/CO monitor	_____ meters
	Enter the distance of the cyclone/CO monitor from the edge of the stove	_____ meters
	<i>Monitoring starts</i>	
	Have 30 minutes gone by since the last meal was cooked? If YES , proceed; if NO , wait until 30 minutes have gone by.	
	Time when pump was turned on (24-hour format)	_____ hours _____ minutes
	Temperature	_____ °C
	Press ENTER to turn on the pump	
	Is the flow between 2090 – 2310 mL/min? (YES/NO)	
	YES , enter the flow	_____ mL/min
	Note: If the answer is NO , the pump must be recalibrated	
	Time when the CO monitor was turned on (24-hour format)	
	Can a reading be seen on the monitor? (YES / NO) – if NO , the monitor is malfunctioning and monitoring should be stopped.	
	Indicate rain levels over the past 3 days (ask about primary stove)	_____ hours _____ minutes
	Heavy, constant rain = 1	
	Some rain = 2	
	Little rain = 3	
	Very dry = 4	
G2	AT THE END OF THE FIRST SESSION	
	Stage	Data
	Date	/ / 200__
	Serial number of second cassette	
	Time when the pump was put on HOLD	_____ minutes
	Flow (indicated in the pump)	_____ mL/min
	Temperature	_____ °C
	Elapsed time (recorded in the pump)	_____ hours _____ minutes
	Total volume sampled (recorded in the pump)	_____ liters
	If the pump stops, the reason should be indicated	
	Reason:	
	Time when the pump is turned on again (by pressing ENTER)	_____ hours _____ minutes
	Is the flow between 2090 – 2310 mL/min? (YES/NO)	
	If the answer is YES , enter the flow	_____ mL/min
	Note: If the answer is NO , the pump must be recalibrated	
	Was the first filter cassette sealed with the plugs? (YES/NO)	

G3	AT THE END OF THE SECOND SESSION (24 HOURS)	
	Stage	Data
	Date	/ / 200__
	Time when the pump is turned off	____ hours ____ minutes
	Flow (indicated in the pump)	mL/min
	Temperature	°C
	Elapsed time (indicated in the pump)	____ hours ____ minutes
	Total volume sampled (recorded in the pump)	liters
	If the pump stops, the reason should be indicated	
	Reason:	
	Time when the CO monitor is turned off (5 beeps)	____ hours ____ minutes
	Is a reading shown? (YES/NO)	
	Was the second filter cassette sealed with the plugs? (YES/NO)	

Supervisor who checked the boxes	
Is the form complete (YES/NO)?	
If NO, what action was taken?	

H	POST-MONITORING QUESTIONS <i>The following questions will be asked after air monitoring. All the questions refer to what happened <u>during</u> the time that the monitors measured smoke, so that the amount of smoke produced can be matched to its cause.</i>
Interviewer's name:	
Interviewee's ID:	

H1	FIRST MEAL AFTER TURNING ON THE MONITOR				
H1.1	What kind of fuel was used to cook the first meal after the monitor was turned on and started working? <i>(Record the appropriate codes and number from most to least important)</i>				
	FUEL 1			FIREWOOD	1
				COAL	2
				DRY LEAVES	3
				CROP RESIDUE	4
	FUEL 2			SAWDUST	5
				KEROSENE	6
				LPG	7
	FUEL 3			CANE	8
				LLUVISOL	9
				OTHER	99
			(SPECIFY)		
H1.2	How dry was the fuel (if applicable) when used? <i>(Mark only ONE answer)</i>				
	N/A		1		
	VERY DRY		2		
	DRY		3		
	SLIGHTLY WET		4		
	WET		5		
	GREEN		6		

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H1.3	What time did you start cooking this meal?			_____ hours _____ minutes	
H1.4	How long did it take to cook this meal?			_____ hours _____ minutes	
H1.5	What dishes and drinks did you cook for this meal?				
H1.6	How many people (including children) did you cook for? Record ID numbers in the space provided. IDs should match the ID numbers recorded with the family in the Confidential Family Record.				
	ID #		ID #		
H1.7	What time was it when you ate this meal?			_____ hours _____ minutes	
H2	SECOND MAIN MEAL AFTER TURNING ON THE MONITOR				
H2.1	What kind of fuel was used to cook the second meal <u>after the monitor was turned on and started working?</u> (Record the appropriate codes and number from most to least important)				
				FIREWOOD	1
	FUEL 1			COAL	2
				DRY LEAVES	3
				CROP RESIDUE	4
	FUEL 2			SAWDUST	5
				KEROSENE	6
				LPG	7
	FUEL 3			CANE	8
				LLUVISOL	9
				OTHER	99
				(SPECIFY)	
H2.2	How dry was the fuel (if applicable) when used? (Mark only ONE answer)				
	N/A	1			
	VERY DRY	2			
	DRY	3			
	SLIGHTLY WET	4			
	WET	5			
	GREEN	6			
H2.3	What time did you start cooking this meal?			_____ hours _____ minutes	
H2.4	How long did it take to cook this meal?			_____ hours _____ minutes	
H2.5	What dishes and drinks did you cook for this meal?				
H2.6	How many people (including children) did you cook for? Record ID numbers in the space provided. IDs should match the ID numbers recorded with the family in the Confidential Family Record.				
H2.7	What time was it when you ate this meal?			_____ hours _____ minutes	
H3	THIRD MEAL AFTER TURNING ON THE MONITOR				
H3.1	What kind of fuel was used to cook the third meal <u>after the monitor was turned on and started working?</u> (Record the appropriate codes and number from most to least important)				
				FIREWOOD	1
	FUEL 1			COAL	2
				DRY LEAVES	3
				CROP RESIDUE	4

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	FUEL 2			SAWDUST	5
				KEROSENE	6
				LPG	7
	FUEL 3			CANE	8
				LLUVISOL	9
				OTHER	99
(SPECIFY)					
H3.2	How dry was the fuel (if applicable) when used? (Mark only ONE answer)				
	N/A	1			
	VERY DRY	2			
	DRY	3			
	SLIGHTLY WET	4			
	WET	5			
	GREEN	6			
H3.3	What time did you start cooking this meal?			_____ hours _____ minutes	
H3.4	How long did it take to cook this meal?			_____ hours _____ minutes	
H3.5	What dishes and drinks did you cook for this meal?				
H3.6	How many people (including children) did you cook for? Record ID numbers in the space provided. IDs should match the ID numbers recorded with the family in the Confidential Family Record.				
	ID #		ID #		
H3.7	What time was it when you ate this meal?			_____ hours _____ minutes	
H4	OTHER USES FOR OPEN FIRE/STOVE				
H4.1	Since monitoring started, have you used the open fire/stove for other things (for example, preparing food and drinks for sale)? (Mark only ONE answer)				
	YES	1			
	NO	2			
H4.2	If YES, what did you use it for? (Mark ALL that apply)				
	COOKING FOOD/DRINKS FOR SALE	1			
	HEATING WATER (NOT FOR COOKING)	2			
	COOKING FOOD FOR ANIMALS	3			
	LIGHTING	4			
	OTHER ACTIVITIES	99			
	(SPECIFY)				
H5	Did you use the same open fire/stove at the same time as one of the following? (Mark only ONE answer)				
	FIRST MEAL OF THE DAY	1			
	SECOND MEAL OF THE DAY	2			
	THIRD MEAL OF THE DAY	3			
	A DIFFERENT TIME OF DAY	4			
	(SPECIFY)				
	YOU USED A DIFFERENT STOVE	5			
(SPECIFY)					
H6	What kind of fuel did you use for this activity? (Record the appropriate codes and number from most to least important)				
				FIREWOOD	1
	FUEL 1			COAL	2
				DRY LEAVES	3

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				CROP RESIDUE	4
	FUEL 2			SAWDUST	5
				KEROSENE	6
				LPG	7
	FUEL 3			CANE	8
				LLUVISOL	9
				OTHER (SPECIFY)	99
H7	How dry was the fuel (if applicable) when used? <i>(Mark only ONE answer)</i>				
	N/A	1			
	VERY DRY	2			
	DRY	3			
	SLIGHTLY WET	4			
	WET	5			
	GREEN	6			
H8	What time did you start cooking this meal?			____ hours ____ minutes	
H9	How long did it take to cook this meal?			____ hours ____ minutes	
H10	How much of the day's fuel was used for this activity? <i>(Mark only ONE answer)</i>				
	100% OF THE TOTAL FUEL	1			
	50% OF THE TOTAL FUEL	2			
	33% OF THE TOTAL FUEL	3			
	25% OF THE TOTAL FUEL	4			
	OTHER (SPECIFY)	99			
H11	Was the open fire/stove kept burning especially for heating (not for cooking)? <i>(Mark only ONE answer)</i>				
	YES	1			
	NO	2			
H12	If YES, how many hours was the stove fuel kept burning for heating? <i>(Mark only ONE answer)</i>				
	< 1 HOUR	1	>5 - 7 HOURS	4	
	1 - 3 HOURS	2	>7 - 10 HOURS	5	
	>3 - 5 HOURS	3	> 10 HOURS	6	
H13	Was the open fire/stove kept burning for lighting (not for cooking)? <i>(Mark only ONE answer)</i>				
	YES	1			
	NO	2			
H14	If YES, how many hours was the stove fuel kept burning for lighting? <i>(Mark only ONE answer)</i>				
	< 1 HOUR	1	>5 - 7 HOURS	4	
	1 - 3 HOURS	2	>7 - 10 HOURS	5	
	>3 - 5 HOURS	3	> 10 HOURS	6	
H15	AMOUNT OF TIME THE FAMILY WAS MONITORED PER DAY				
H15.1	How long was the woman in the monitored room while the fire was burning?				

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	Put an X on the monitoring starting time	Time of day (<i>starting at midnight</i>)	The fire was: Not on = 1 Slow burning = 2 Burning = 3	Never	One fourth of the time	Half the time	Three quarters of the time	All the time
	Midnight to noon							
	AM	12-1 o'clock						
		1-2 o'clock						
		2-3 o'clock						
		3-4 o'clock						
		4-5 o'clock						
		5-6 o'clock						
		6-7 o'clock						
		7-8 o'clock						
		8-9 o'clock						
		9-10 o'clock						
		10-11 o'clock						
	11-12 o'clock							
	Noon to midnight							
	PM	12-1 o'clock						
		1-2 o'clock						
		2-3 o'clock						
		3-4 o'clock						
		4-5 o'clock						
		5-6 o'clock						
		6-7 o'clock						
		7-8 o'clock						
8-9 o'clock								
9-10 o'clock								
10-11 o'clock								
11-12 o'clock								
H15.2	If a child was present, how long was the youngest child in the monitored room while the fire was burning?							
	Midnight to noon							
	AM	12-1 o'clock						
		1-2 o'clock						
		2-3 o'clock						
		3-4 o'clock						
		4-5 o'clock						
		5-6 o'clock						
		6-7 o'clock						
		7-8 o'clock						
		8-9 o'clock						
		9-10 o'clock						
		10-11 o'clock						
	11-12 o'clock							
	Noon to midnight							
	PM	12-1 o'clock						
		1-2 o'clock						
		2-3 o'clock						
		3-4 o'clock						
		4-5 o'clock						
		5-6 o'clock						
		6-7 o'clock						
		7-8 o'clock						
8-9 o'clock								
9-10 o'clock								
10-11 o'clock								

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		11-12 o'clock					
If you have one or more children recorded in the previous box, please provide the age(s) of the child(ren).							
H16	REMARKS AND OBSERVATIONS						
H16.1	Can you think of anything that was different today than it would have been without the monitoring?						
H16.2	Other remarks and observations from the interviewee (please feel welcome but not required to fill this box)						
H16.3	Other remarks and observations from the interviewer (please feel welcome but not required to fill this box) You may include information about the interviewee's attitude when asked certain questions.						